

2014 Inside the Dome Report

June 12, 2014

Aging-Related Legislation & Budget Matters

Passed in the 2014 Regular Session of the Connecticut General Assembly



Connecticut's Legislative Commission on Aging ~ Informing & Shaping Sound Public Policy through a variety of strategies, including but not limited to: LEADERSHIP * RESEARCH * EDUCATION * OVERSIGHT * PARTNERSHIPS: Chairing the Money Follows the Person Steering Committee, chairing its Direct Care Workforce Subcommittee and writing the workforce development report and action plan; Chairing the LTC Advisory Council, Chairing the Connecticut Elder Action Network; member of the Medical Assistance Program Oversight Council, member of the Complex Care Subcommittee; leading a livable communities initiative to ensure aging in place, drafting the annual Results-Based Accountability Report; testifying before legislative committees; crafting issue-based fact sheets; informing the media; making critical connections; working to streamline and modernize state government and programmatic structures and systems.

Bonding: PA 14-98: An Act Authorizing and Adjusting Bonds of the State for Capital Improvements, Transportation and Other Purposes, and Concerning Miscellaneous Programs.

Budget: PA 14-47: An Act Making Adjustments to State Expenditures and Revenues for the Fiscal Year Ending June 30, 2015.

Budget Implementer: PA 14-217: An Act Implementing the Provisions of the State Budget for Fiscal Year Ending June 30, 2015.

Highlights from 2014 Legislative Session

Photo credits: House Dems, House Republicans, Senate Dems, Bob Caroti



LIVABLE COMMUNITIES

Livable Communities / Aging in Place. Further Implements recommendations of the Aging-In-Place Task Force (SA 12-6), builds off of PA 13-250 and CT's Legislative Commission on Aging's livable communities initiative (PA 13-109). Bonding money was allocated to the Department of Rehabilitation Services to establish a grant program for older adults and persons with disabilities for home modifications and assistive technology (\$6 million). PA 14-73 offers opportunities for municipalities to be recognized as a "Livable Community" by meeting certain requirements through Connecticut's Legislative Commission on Aging's Livable Community Initiative. (PA 14-98, Section 9(i) & PA 14-73)



John Erlingheuser, Rep. Theresa Conroy, Julia Evans Starr
Livable Community Forum in Seymour

LONG-TERM SERVICES & SUPPORTS (LTSS): ACROSS THE CONTINUUM

Long-Term Care Insurance

Disclosures for Long-Term Care Insurance Policies. Expansion of disclosure requirements for long-term insurance policies including requiring disclosures to be in writing and a signed acknowledgement that the disclosure has been provided to the applicant. (PA 14-8)



Senator Kevin Kelly @ bi-partisan press conference on
tax incentives on LTC insurance

Long-Term Care Insurance Premium Rate Increases. Requires long-term care insurance policy carriers to spread premium rate increases of 20% or more over at least three years. Requires long term care insurance carriers to provide them the option of reducing benefits to reduce the premium rate. (PA 14-10)

LTSS: Home & Community-Based Services & Supports (HCBS)

Federal Home and Community-Based Medicaid Waivers. Funding for additional slots in Medicaid HCBS Waivers: 50 slots for CT Home Care Program for the Disabled (\$600,000), 100 slots for Katie Beckett Waiver (\$750,000), and funding to reduce wait list for the ABI waiver (\$650,000), funding for 100 individuals designated priority on placements on the Dept. of Developmental Disabilities waiting list (\$4 million). The agency is focused on providing residential services to those individuals with parents or caregivers age 70 or older. The budget also allocates funding for children who have autism spectrum disorder (\$342,436) (PA 14-47)

Reimbursement Rates. The adopted budget includes a 1% cost of living adjustment (\$1.6 million) for home and community based providers who serve individuals on Medicaid and through the Connecticut Home Care Program for Elders (CHCPE) The budget implementer additionally requires the Department of Social Services (DSS) to study the cost of providing services under the CT Home Care Program for the Elderly (CHCPE) and CT Home Care Program for Disabled Adults (CHCPD) and include in their study a determination of the necessary reimbursement rates to providers. Funding also allocated to provide rate increases for Medicaid mental health providers. The adopted budget also allocated funding to increase mental health reimbursement rates (\$4.1 million). (PA 14-217 & PA 14-47)

Long-Term Care Applications: Funding was allocated to support 25 additional positions at the Department of Social Services to assist with long-term care applications. (PA 14-47)

Eliminating the Home Care Cost Cap. Eliminates the program's statutory cost cap on community-based, waiver-funded services, which was 60% of the weighted average cost of care in skilled nursing and intermediate care facilities. The bill allows more administrative flexibility but within the overall cost cap for HCBS waivers. (PA 14-121)

Community First Choice: The budget accounts for application and implementation of Community First Choice benefit (-\$470,000) authorized under the Affordable Care Act that offers states 6% additional Federal Medical Assistance Percentage on personal care assistant services. (PA 14-47)



Rep. Mae Flexer, Rep. Catherine Abecrombie speaking w/CoA's Deb Migneault

APRN Scope of Practice: Allows advanced practice registered nurses (APRNs) who have been licensed and practicing in collaboration with a physician for at least three years to practice independently. (PA 14-12)

Acquired Brain Injury (ABI) Waiver: Requires DSS to seek approval for a second ABI waiver. The bill requires DSS to continuously operate the existing ABI waiver and specifies that services under the current waiver not be phased out and that no individuals receiving services be institutionalized in order to meet federal cost neutrality requirements. (PA 14-150)

Supportive Housing: Funding for 110 additional Rental Assistance Program (RAP) certificates for scattered site supportive housing for individuals with psychiatric disabilities (\$1.1 million). Funding for Money Follows the Person was reduced by \$600,000 to reflect slower than anticipated transitions, the funding will be repurposed to provide support services and rental assistance program certificates for individuals with psychiatric disabilities. The adopted budget also provides funding for residential and transitional services for high risk populations (\$1.75 million) (PA 14-47)



Sen. Beth Bye in Senate Chamber

Nutrition Services: State Department on Aging required to hold quarterly meetings with nutrition services stakeholders to develop recommendations to address complexities in the administrative processes of nutrition services, establish quality control benchmarks and help move toward greater equality, efficiency and transparency.

(PA 14-73)

LTSS: Nursing Homes and Residential Care Homes

Nursing Home Transparency: Requires for-profit chronic and convalescent nursing homes that receive state funding to include with its cost report to the Department of Social Services (DSS) the most recent finalized annual profit and loss statement from any related party that receives \$50,000 or more for providing goods, fees, and services to the nursing home; it prohibits anyone from bringing legal action against the state, DSS, or other state employees or agents for not taking action as a result of information obtained by DSS in cost reports. It also requires the Nursing Home Financial Advisory Committee to convene, changes its membership and broadens its duties. (PA 14-55)

Small House Nursing Homes Pilot: Allows DSS to expand, within available appropriations, the “small house nursing home” pilot program, which was capped at one such home. The bill eliminates the cap on the number of homes and program beds. (PA 14-95)

Payments to Residential Care Homes: Allows DSS to pay Temporary Family Assistance (TFA) and State Supplement Program (SSP) benefits directly to a licensed residential care home or a boarding or other “rated housing facility” through a per diem or monthly rate. Current law generally requires DSS to pay benefits directly to SSP and TFA participants. Also, the bill directs DSS to give rate increases, within available appropriations, for any capital improvement a residential care home makes for the health and safety of its residents. (PA 14-217)



Rep. Al Adinolfi with CT National Guard Colonel John Whitford

LTSS: Workforce Development

Personal Care Assistants (PCA) collective bargaining: The budget includes funding to implement the collective bargaining agreement for home-care workers (PCA's) which includes wage increase (\$1.7 million). The agreement specifies that service hours cannot be reduced as a result.

(PA 14-47 & PA 14-217)

Homemaker/companion sleep-time exemption: Aligns the state law with the sleep time exemption allowed under federal regulations for homemaker/companion employees. Allows exclusion of up to 8 hours “sleep time” when calculating the employee's overtime pay if the employee was present at work-site for at least 24 consecutive hours, if provided adequate sleep facilities and the employee receives at least five hours of uninterrupted sleep. (PA 14-159)



CoA's Bill Eddy, Deb Migneault & Senator Kevin Witkos @Senior Fair in Canton

ECONOMIC SECURITY

Public Retirement Savings Plan:

Creates a Connecticut Retirement Security Board and requires it to (1) conduct a market feasibility study on implementing a public retirement plan (\$400,000 allocated for such purposes) (2) develop a comprehensive proposal for implementing the plan that must include certain goals and design

features. (PA 14-47 & PA 14-217)



We joined fellow women leaders at an impromptu press conference on economic security for older women

Elderly Renters Rebate program.

Re-establishes the Elderly Renters Rebate Program. Note: PA 13-234, section 38 had sunsetted this program for individuals who did NOT receive a grant for Calendar Year 2011.

(PA 14-47 & PA 14-217)

OLDER WORKERS

Connecticut Technical High School System Data Collection: Expands the information that is currently collected by the Connecticut Technical High School System to include demographic information (age and gender), course and program enrollment and completion, employment status and wages prior to enrolling and after graduation.

Unemployed Workers: Expands several initiatives for the state's unemployed workers, including broadening eligibility for the Subsidized Training and Employment Program by eliminating a residency-related requirement for certain subsidized employees. Specifically for unemployed older workers, requires the Department of Labor (DOL) to create a guide of resources available to older workers and to publicize the benefits of hiring and retaining older workers on DOL's website.

RIGHTS & LEGAL MATTERS

Medical Orders for Life-Sustaining Treatment (MOLST)

Establishes a pilot program to implement the use of medical orders for life-sustaining treatment. Establishes an advisory group to make recommendations on the pilot program. (SA 14-5)

Notification of Hospital Observation Status: Requires hospitals to provide oral and written notice to patients about their hospital status as "observation" vs. "inpatient". (PA 14-180)

Conservator for Person with Intellectual Disability: Allows psychological evidence from a psychologist to be introduced in place of medical evidence from a physician at a probate court hearing or review concerning involuntary conservatorship for a person with intellectual disability. (PA 14-121)



Public Health Committee Co-Chairs Rep. Susan Johnson and Sen. Terry Gerratana

MISCELLANEOUS



Testifying in support of Alzheimer's
Training bill

Alzheimer's' Disease & Dementia and Oral Health Training. Training requirements were expanded for paid caregivers who work with people with Alzheimer's Disease and other dementias in nursing facilities, home health agencies, residential care homes, assisted living services agencies, and others. The bill stemmed from recommendations of the Alzheimer's Disease and Dementia Task Force. (PA 14-194) Training requirements were also expanded for licensed and registered staff in nursing facilities to include one hour of oral health and oral hygiene techniques within a year of hire and annually thereafter. (PA 14-231, Section 27)

Behavioral Health Information and Referral: Requires the Office of the Healthcare Advocate to establish an information and referral service to help residents and providers receive information, timely referrals, and access to behavioral health care providers. (PA 14-115)

Medicare Supplement Policies by Qualified Medicare Beneficiaries: Allows certain insurers to deliver or issue policies supplementing Medicare health insurance to low-income Medicare recipients who are already receiving state assistance to help pay Medicare deductibles, coinsurance, and copays (i.e., Qualified Medicare Beneficiaries. (PA 14-105)

CONSUMER PROTECTIONS

Electric Customer Consumer Protections. Substantative changes were made to provisions concerning the electricity market for residential customers, including requirements for standardization of bills and billing practices. (PA 14-75)

TASK FORCES, STUDIES AND COUNCILS

Stroke Task Force: Establishes a task force to study issues related to stroke and requires that it report to the Public Health Committee on or before January 15, 2015, upon which it terminates. It also expands the scope of the healthcare associated infections report delivered annually by the Department of Public Health (DPH) to the public health committee (PA 14-214)

Senior Safety Zone Task Force: Establishes a task force to study the establishment of "senior safety zones" to protect senior citizens from sexual offenders who are required to register on the Sex Offender Registry. (SA 14-20)



Senator Andres Ayala,
Aging Cmte, Co-Chair
in the Senate Chamber

CT Home Care Program for the Elderly and CT Home Care Program for Disabled Adults Study: DSS required to analyze the cost of providing services under the CT home-care program for the elderly and the CT Home Care Program for Disabled Adults Pilot Program. The report must include a determination of necessary reimbursement rates for providers and summary of the analysis must be sent to the Appropriations and Human Services committees. (PA 14-217)



Rep. Jonathan Steinberg burning the midnight oil in the House Chamber

Study of funding and support for Home and Community-Based Services: Requires Connecticut's Legislative Commission on Aging to study the private sources of funding available for older adults and persons with Alzheimer's Disease to remain in the community and the availability and cost effectiveness of state funded programs that provide home and community based care to older adults and persons with disabilities. (SA 14-6)

Expansion of the Council on Medical Assistance Program Oversight (MAPOC) and establishment of standing subcommittee of MAPOC: Six members were added to the Council on Medical Assistance Program Oversight. The new members must work solely on a new standing subcommittee of the council created by the bill. The subcommittee must study and make annual recommendations to the council on evidence-based best practices concerning Medicaid cost savings. (PA 14-206)



General Information

Created in 1993
CGS §17b-420

Location: State Capitol - 5th floor

Annual Budget: \$458,000 for FY '15

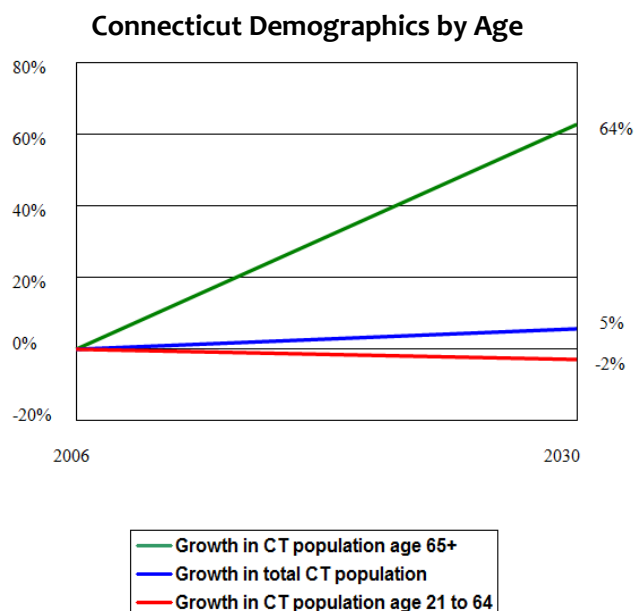
Personnel/Unpaid Board from across the state:

Its "team" approach delivers deep knowledge, experience and responsiveness and represents a cost-effective agency.

Partnerships: For two decades the Connecticut's Legislative Commission on Aging has created and led an extensive network of partnerships both inside and outside state government.

Work in Relation to Demographics

and to State Budget: The Commission works to improve the quality of life for older adults of today and tomorrow. At the same time, the Commission works to prepare the state for a vastly changed demographic – a dramatic increase in the sheer numbers of older adults and unprecedented longevity. This growing constituency has a profound effect on nearly every facet of society and most certainly municipalities and the state budget. Major areas of focus: Long-Term Services and Supports Rebalancing, Livable Communities, Direct Care Workforce Development.



Source: Connecticut Commission on Aging/UConn

Connecticut's Legislative Commission on Aging: a nonpartisan, independent agency of the General Assembly which provides research, actionable plans, objective oversight and policy implementation within government. This role is unique within state government. The CT's Legislative Commission Aging is comprised of a resourceful team of 21 voting (unpaid) members, 4 professional staff, and volunteers.



CoA Staff: Alyssa Norwood, Deb Migneault, Julia Evans Starr and Carol Buckheit

Data Development Agenda: The Commission turns research into action by collecting and analyzing data from a variety of state and national sources. Utilizing this data, CoA presents and implements public policy recommendations. This role is unique within state government.

Results-Based Accountability (RBA)

Approaches: The following are the primary approaches/activities the Commission employs to support the strategies outlined: **Research; Assess State Programs, Policies and Structure/Implementation; Legislative Work; Maximizing Federal and State Funds; Partnerships/Leadership; Education and Outreach; and Information and Referral.**



Legislative Commission on Aging:
860-240-5200

Website: www.cga.ct.gov/coa

Join Us on Facebook and Twitter

